



## CAPTIVE INSURANCE SECTION

**Bill Haslam**  
Governor

**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE & INSURANCE**  
500 James Robertson Parkway  
Nashville, Tennessee 37243  
(615) 741-1633

**Julie Mix McPeak**  
Insurance Commissioner

### Application for Authorization as an Independent Certified Public Accountant for Captive Insurance Companies

#### GENERAL APPLICANT INFORMATION

I, the undersigned, hereby apply for authorization as an independent certified public accountant to transact audits of captive insurance companies formed under Tenn. Code Ann. § 56-13-101 et seq., the Revised Tennessee Captive Insurance Act.

**1. Firm Name \***

**2. Firm Address \***

Address Line 1 (no PO box): \*

Address Line 2 (no PO box):

Address Line 3 (no PO box):

City: \*

State: \*

Postal Code: \*

Country (other than  
USA/Canada)

Province (if Canada)

Telephone  
No.: \*

Primary  
Extension

Secondary Contact  
Phone:

Secondary  
Extension

Fax Number:

E-mail Address: \*



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**3. Name of Firm Partner Making Application \***

**4. Education and Degrees: Please list those institutions from which you graduated.**

Institution Type:

Institution Name: \*

City: \*

State: \*

Degree: \*

Field of Study:

**5. List your current certified public accountant ("CPA") license information below:**

State: \*

Issue Date: \*

License Number: \*

**6. Indicate, by specific dates, all insurance and/or captive auditing experience you have for the past 15 years.**

Beginning

Ending

Experience: \*

**7. List the Captive Account(s) you will be auditing. \***



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**8. Indicate your Present Chief Occupation.**

Position/Title: \*

Employment Period: \*

Address Line 1 (no PO box): \*

Address Line 2 (no PO box):

Address Line 3 (no PO box):

City: \*

State: \*

Postal Code:

Country (other than USA/Canada) Province (if Canada)

**9. Have you ever been arrested, or indicted for and/or convicted of any crime or offense other than a minor traffic violation (e.g., speeding, parking ticket)? \***

Yes No

If "Yes," please explain: \*

**10. Do you control directly or indirectly, or own legally or beneficially the outstanding stock of any insurer? \***

Yes No

If "Yes," please explain: \*



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**11. Do you currently hold or have you ever held licenses relating to insurance? \***

Yes      No

**If "Yes," please provide the following information: \***

State	Issue Date	Expiration Date	Agency	Type	License No / Designation
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**12. Have you ever had a license or privilege refused or revoked by any insurance regulatory agency? \***

Yes      No

**If "Yes," please explain: \***

**13. Have you ever had a certified public accountant (CPA) license suspended, placed on probation, or revoked? \***

Yes      No

**If "Yes," please explain: \***

**14. Will you assign captive auditing functions only to employees or individuals that have a minimum of two years insurance auditing experience? \***

Yes      No

**If "No," please explain: \***



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### OTHER REQUIRED INFORMATION AND EXHIBITS

Attach the following documents and information to this application when submitted.

1. A copy of your resume or curriculum vitae;
2. A certified copy of any disciplinary orders issued involving you from any professional organization to which you belong;
3. Copies of all professional licenses you hold;
4. Copies of the resumes or curriculum vitae of all persons who would be employed or assigned auditing work by you; and

### CERTIFICATION

I hereby certify and declare, under penalties of perjury:

1. That I have been authorized by the applicant management firm herein to complete this "Application for Placement on Approved Application for Authorization as an Independent Certified Public Accountant for Captive Insurance Companies"? (Application) and to make this certification and declaration;
2. That the information provided in this Application and the documents attached hereto and included as part of the application have been examined by me and are, to the best of my knowledge, information and belief, true, correct, and complete;
3. That I am aware that should investigation at any time disclose any such misrepresentation or false statement or information, my firm will be disqualified from further consideration for placement on the approved Application for authorization as an independent certified public accountant for captive insurance companies;
4. That I authorize each of the references, associations or licensing or supervising agencies of state, federal or foreign governments to give the Tennessee Department of Commerce & Insurance any private or confidential information concerning the management firm that is applying for approval; and
5. That I release the Tennessee Department of Commerce & Insurance, its employees and authorized agents, or any other state, federal or foreign government agency that receives information requested as part of this application, from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State or laws of a foreign jurisdiction.

By typing my name in the indicated fields, I am agreeing to conduct business electronically with the State of Tennessee in accordance with the federal Electronic Signatures in Global and National Commerce Act (E-Sign), 15 U.S.C.A. §§ 7001-7031 and Tennessee's Uniform Electronic Transactions Act (UETA), Tenn. Code Ann. §§ 47-10-101 to 47-10-123. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**\*Dated this**                      **Day of**                      **, 20**

(Printed Name of Officer/Principal) \*

(Signature of Officer/Principal) \*